

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/526188** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
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5	/		/		/	
6	/		/		/	
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TOTAL IND.	/	1	/	1	/	1
TOTAL DEP.	11	8	8	2	2	2
TOTAL CLAIMS	12	9	9	9	9	9

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1	1	1	1	1
TOTAL DEP.	11	8	8	2	2	2
TOTAL CLAIMS	12	9	9	9	9	9